## **The Everett Clinic**

## Part of Optum®

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

## Comprehensive Pain Center | 425-304-8476

External Referral Policy and Consultat	ion Request Form		
Thank you for referring your patient to The Ever from external groups are seen for consultation v	ett Clinic Comprehensiv	ve Pain Center. Patients refer	
Although, patients should NOT expect any medicassume management for a short period of time is managed by our office for a short period of tir reassume the long-term medication management provider within 5 business days of the consultation	in order to optimize the me for medication stabil nt of the patient. Recon	eir treatment plan. If your pat lization, your office agrees to	cient
We ask referring providers to submit any releval months together with this consultation request			
1. Patient Full Name:		DOB:	
Patient Phone: ()		ICD-10 Code:	
2. Reason for Referral:			
Please check all that apply:			
<ul><li>☐ Mandatory consultation required by the Stat</li><li>☐ Guidance and recommendations to help man</li><li>☐ Consideration for interventional strategies (i.</li></ul>	nage your patient's pain .e. epidural injection, fa	ful condition cet joint or peripheral joint p	rocedure)
☐ Auto Accident ☐ Work-Related Injury  3. Has the patient been discharged from your process (If yes, please briefly explain):	practice or from anothe		
<ol> <li>Has the patient demonstrated any misuse, a medication management (i.e. inconsistent u (If yes, please briefly explain):</li> </ol>	ırine drug screen, overu	tilization)? YES / NO	ioid and/or 
	/()	/	/
Referring Provider	Phone	Fax Number	Date